



State of North Carolina
Disadvantaged Business Enterprise Program

Personal Net Worth Statement

COMPLETE THIS FORM FOR EACH ECONOMICALLY DISADVANTAGED APPLICANT/OWNER				
Name:		Business Phone: () -		
Residence Address:		Residence Phone: () -		
City, State, & Zip Code:				
Business Name of Applicant:				
ASSETS	AMOUNT	Check if Joint Assets	LIABILITIES	AMOUNT
1. Cash on Hand and in Banks	\$		1. Accounts Payable	\$
2. Savings Accounts	\$		2. Notes Payable to Banks and Others	\$
3. IRA and Other Retirement Account	\$		3. Installment Account (Auto)	\$
4. Personal and Notes Receivable	\$		4. Installment Account and Credit Cards	\$
5. Life Insurance (Cash Surrender Value Only)	\$		5. Loan on Life Insurance	\$
6. Stocks and Bonds (Current Market Value)	\$		6. Mortgage on Primary Residence	\$
7. Real Estate – Primary Residence only	\$		7. Mortgage on Other Properties	\$
8. Other Real Estate	\$		8. Unpaid Taxes	\$
9. Automobiles (Present Value)	\$		9. Other Liabilities (Describe on Separate Sheet)	\$
10. Personal Property	\$			
11. Other Assets (Describe on Separate Sheet)	\$		Total Liabilities (Add Lines 1-9)	
12. Ownership in Applicant Business	\$			
13. Ownership in Other Businesses	\$			
Total Assets (Add Lines 1–13)			Net Worth (Total Assets minus Total Liabilities)	\$

Please note that appropriate supporting documentation can be submitted or required.

I certify that this personal net worth statement is complete and accurate to the best of my knowledge.

The North Carolina Department of Transportation is authorized to verify the accuracy of this statement in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program for the State of North Carolina.

Print Name: _____ Signature: _____

State of _____ County of _____

On this _____ day of _____, 20 _____

Before me appeared (Name) _____, who being sworn, did execute the foregoing certification and did so as his or her free act and deed.

(SEAL)

Notary Public: _____

Commission Expired: _____